
**UNITED STATES SECRET SERVICE
UNIFORM DIVISION**

MEDICAL/PHYSICAL MAINTENANCE STANDARDS - EMPLOYEES

Each specific medical/physical requirement for incumbents is preceded by three categories: "Affects," "Requirement," and "Area."

The "Affects" category will denote which incumbent position is subject to the particular standard and includes: SA, UD, SO, PSS, PST, OST, or ALL.

The "Requirement" category will be annotated as A,B,C, or D.

"A" indicates the requirement must be acceptable.

"B" indicates the condition may be acceptable as long as certain additional conditions are met.

"C" indicates that the condition may require employee involvement in remediation to correct the condition.

"D" indicates further evaluation and/or treatment is required to determine acceptability. Reassignment and/or other personnel action may be warranted.

The "Area" category is merely a numerical identifier for each standard which correlates to the numbering system on the USSS medical examination forms. Each number is preceded by the letter "M" denoting it is a maintenance standard for incumbent employees.

Eyes and Vision

General

The occupational significance of this area, at a general level, concerns the ability to see and to be free of visual problems. Any condition which may interfere with acuity or put the eye at risk would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	A.	M01 VISUAL ACUITY - DISTANT VISION must be 20/20 (Snellen) in each eye (monocular) corrected. Employees not having uncorrected distant vision of 20/20 (Snellen) must wear eyeglasses or contact lenses while on duty to bring their distant vision to 20/20 (Snellen). It is recommended that eyeglass lenses and frames worn while on duty, should conform to ANSI Standard Z87.1-1989.
ALL	A.	M02 VISUAL ACUITY - NEAR VISION must be at least 20/40 corrected. (Jaeger type 2 at 14 inches)
ALL	A.	M03 VISUAL ACUITY - COLOR VISION must be sufficient to demonstrate normal color vision corrected or uncorrected.
ALL	A.	M04 VISUAL ACUITY - DEPTH PERCEPTION must demonstrate normal stereo-depth perception with or without correction (60% or better on the Shepard-Fry conversion score; or 50 seconds of arc, stereo-fly test).
ALL	A.	M05 VISUAL ACUITY - PERIPHERAL VISION must be normal.
ALL	B.	M06 GLAUCOMA is ACCEPTABLE if the following conditions are met: the condition is being treated and controlled; visual acuity is not impaired.
ALL	B.	M07 STRABISMUS is ACCEPTABLE provided visual acuity is not affected.
ALL	D.	M08 CURRENT CATARACTS that affect acuity significantly are NOT ACCEPTABLE. If the individual meets visual acuity standards following surgery, then the condition is ACCEPTABLE.
ALL	D.	M09 PROLIFERATIVE RETINOPATHY is NOT ACCEPTABLE due to the possibility of physical contact.
ALL	D.	M10 NYSTAGMUS or any disorder of extra ocular movement that interferes significantly with vision is NOT ACCEPTABLE.
ALL	D.	M11 MONOCULAR VISION from missing eye due to disease or injury is NOT ACCEPTABLE.
ALL	D.	M12 BLINDNESS is NOT ACCEPTABLE.
ALL	D.	M13 RETINAL DETACHMENT is NOT ACCEPTABLE.

ALL D. M14 PAPILLEDEMA is NOT ACCEPTABLE.

ALL D. M15 VISUAL TUMOR DISORDERS are NOT ACCEPTABLE.

Ears and Hearing

General

The occupational significance of this area, at a general level, concerns the ability to hear and maintain body equilibrium. Any condition which may significantly interfere with hearing and inner ear equilibrium would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	A.	M01 ABILITY TO HEAR is ACCEPTABLE if the individual can hear at the following levels: using an audiometer there should be no loss greater than 25 decibels at the 500, 1000, and 2000 Hz level in both ears.
ALL	A.	M02 ABILITY TO HEAR may NOT BE ACCEPTABLE if there is permanent loss in either ear beyond 25 decibels at the 500, 1000, or 2000 Hz level. Individual evaluation will be necessary to ascertain hearing loss effect upon job performance capability.
ALL	B.	M03 PERFORATED TYMPANIC MEMBRANE is ACCEPTABLE as long as working conditions would not require immersion of the head in water.
ALL	D.	M04 OTITIS MEDIA, OTITIS EXTERNAL, and MASTOIDITIS may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain if hearing is adversely affected by working conditions.
ALL	D.	M05 ANY INNER/MIDDLE/or OUTER EAR DISORDER AFFECTING EQUILIBRIUM is NOT ACCEPTABLE.

Nose, Mouth, Throat

General

The occupational significance of this area, at a general level, is that distinct speech, odor detection, and free breathing is required. Any disorder that affects the structure and function of the nose, mouth, and throat for communication and breathing purposes would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	D.	M01 PERMANENT LOSS SENSE OF SMELL is NOT ACCEPTABLE. Individual evaluation is necessary to ascertain impact on specific job functions.
ALL	B.	M02 RHINITIS is ACCEPTABLE. Individual evaluation may be necessary to ascertain if medication may pose job performance problems (i.e., repeated exposure to corrosive materials).
ALL	B.	M03 SPEECH DEFECTS are ACCEPTABLE provided communication requirements of positions are met. Individual evaluation may be necessary to insure communication is adequate.
ALL	D.	M04 ABNORMALITIES OF NOSE, THROAT, MOUTH that interfere with breathing may NOT BE ACCEPTABLE. Individual evaluation is necessary to determine the extent that job performance capability is decreased.
SA, UD, SO PST	B.	M05 PERFORATION OF NASAL SEPTUM is ACCEPTABLE for those positions not requiring work around fumes.
PSS, OST	D.	M06 PERFORATION OF NASAL SEPTUM is NOT ACCEPTABLE for these positions.
ALL	D.	M07 CHRONIC SINUSITIS OR MALFORMATIONS THAT WOULD PREVENT NASAL RESPIRATION are NOT ACCEPTABLE.
ALL	D.	M08 DEFORMITIES interfering with the fitting of a gas mask are NOT ACCEPTABLE.

Peripheral Vascular System

General

The occupational significance of this area, at a general level, concerns the efficiency of the vascular system for maintaining adequate blood flow. Any condition which may interfere with the peripheral vascular system's normal functioning may require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirement	Area
ALL	A.	M01 RESTING BLOOD PRESSURE uncontrolled below 145 mmHg systolic and 95 mmHg diastolic is ACCEPTABLE.
ALL	B.	M02 HYPERTENSION which is controlled through medication (systolic is 145 or less and diastolic pressure is 95 mmHg or less) is ACCEPTABLE if the demands of the job do not require frequent heavy lifting.
ALL	D.	M03 HYPERTENSION uncontrolled or controlled (systolic over 145 and diastolic above 95 mmHg) is NOT ACCEPTABLE. Temporary reassignment and remediation may be appropriate.
ALL	D.	M04 VARICOSE VEINS of a mild degree which are asymptomatic are ACCEPTABLE.
ALL	D.	M05 CHRONIC VENOUS INSUFFICIENCY is NOT ACCEPTABLE.
ALL	D.	M06 PERIPHERAL VASCULAR DISEASE is NOT ACCEPTABLE.
ALL	D.	M07 THROMBOPHLEBITIS is NOT ACCEPTABLE.

Heart and Cardiovascular System

General

The occupational significance of this area, at a general level, concerns the ability of the heart to provide

the functional work capacity to meet the oxygen demands of physical work tasks. It also refers to the heart's integrity to be free of coronary artery or coronary heart disease symptoms so that the individual is at low risk of disability or death. Any condition which may interfere with heart function would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	A.	M01 FUNCTIONAL WORK CAPACITY (aerobic power) must be at the 50th percentile (age and sex adjusted norms) relative to estimated MAXIMUM O ₂ UPTAKE.
ALL	C.	M02 FUNCTIONAL WORK CAPACITY (aerobic power) between the 25th and 50th percentile (age and sex adjusted norms) is NOT ACCEPTABLE. Remediation would be necessary.
ALL	D.	M03 FUNCTIONAL WORK CAPACITY (aerobic power) below the 25th percentile (age and sex adjusted norms) is NOT ACCEPTABLE.
ALL	B.	M04 FUNCTIONAL HEART MURMURS are ACCEPTABLE.
ALL	D.	M05 VALVULAR HEART DISEASE WITH SYMPTOMS is NOT ACCEPTABLE. Further medical review is required.
ALL	C.	M06 HYPERLIPIDEMIA is NOT ACCEPTABLE if any of the following lipid values are recorded: Total cholesterol = 250 mg/DL-300/DL Total cholesterol to HDL ratio=6.0-8.0 Triglycerides = 180 mg/DL-250 mg/DL They can be altered and require a remedial program.
ALL	D.	M07 HYPERLIPIDEMIA is NOT ACCEPTABLE requiring further medical review if any of the following lipid levels are above the following: Total cholesterol = 300 mg/DL Total cholesterol to HDL ratio = 8.0 Triglycerides = 250 mg/DL They require medical review.
ALL	D.	M08 CORONARY ARTERY DISEASE is NOT ACCEPTABLE. Remediation and reassignment may be medically indicated. Follow-up from bypass surgery is ACCEPTABLE if the individual meets the functional work capacity standard. Annual reevaluation is required in the form of a maximum exercise test.

ALL

B.

M09 ECG ABNORMALITIES of the following nature are ACCEPTABLE unless there is associated disease and/or UNACCEPTABLE functional work capacity.

- a. supraventricular extrasystoles, less than 5/min
- b. ventricular extrasystoles, less than 5/min. and unifocal
- c. sinus bradycardia
- d. 1° A-V block a 2° A-V block (mobitz Type I)
- e. hemiblocks

ALL

D.

M10 ECG ABNORMALITIES of the following nature MAY NOT BE ACCEPTABLE:

- a. WPW syndrome
- b. ST depression
- c. complete right or left bundle branch blocks
- d. 3° A-V block
- e. mobitz Type II 2° A-V block
- f. sinoatrial block or sick sinus syndrome
- g. ventricular extrasystole greater 10/min.
- h. ventricular extrasystoles (frequent) -20 per min. with exercise.
- i. ventricular tachycardia
- j. atrial fibrillation or flutter
- k. symptomatic supraventricular tachycardia

These abnormalities require further evaluation as limiting factors for functional work capacity and as symptoms of heart disease.

ALL

D.

M11 ANGINA is NOT ACCEPTABLE.

ALL

D.

M12 CONGESTIVE HEART FAILURE is NOT ACCEPTABLE.

ALL

D.

M13 CARDIOMYOPATHY is NOT ACCEPTABLE.

ALL

D.

M14 PERICARDITIS and MYOCARDITIS are NOT ACCEPTABLE.

ALL

C.

M15 TOTAL CORONARY RISK is NOT ACCEPTABLE if the total risk score is 22 points or above on the total coronary risk point charts. (Institute for Aerobic Research)

Chest and Respiratory System

General

The occupational significance of this area, at a general level, concerns lung function, breathing capacity, and freedom from airway obstruction. This is a key area for job performance in terms of the respiration needed to perform physical tasks, to use a respirator or gas mask apparatus and to be free to move about in various environments. Any condition which may significantly interfere with breathing capacity would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirement	Area
ALL	D.	M01 PULMONARY TUBERCULOSIS is NOT ACCEPTABLE.
ALL	D.	M02 CHRONIC BRONCHITIS is NOT ACCEPTABLE.
ALL	D.	M03 ASTHMA that is not associated with reduced pulmonary function nor requiring medication is ACCEPTABLE.
ALL	D.	M04 ASTHMA associated with reduced pulmonary function may NOT BE ACCEPTABLE. Individual evaluation is needed to determine the effect on performing job tasks.
ALL	D.	M05 CHRONIC OBSTRUCTIVE PULMONARY DISEASE may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the degree job performance is chronically affected.
ALL	D.	M06 BRONCHIECTASIS and PNEUMOTHORAX are NOT ACCEPTABLE.
ALL	D.	M07 PNEUMONECTOMY may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the degree job performance is affected.
ALL	D.	M08 REDUCED PULMONARY FUNCTION is NOT ACCEPTABLE IF FEV ₁ is less than 65%.

Abdomen and Gastrointestinal System

General

The occupational significance of this area, at a general level, concerns a variety of gastrointestinal disorders that can affect performing job tasks by imposing severe individual discomfort. Any disorder that affects the normal gastrointestinal system to the effect that dysfunction and discomfort is present would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	B.	M01 COLITIS CONTROLLED is ACCEPTABLE.
ALL	B.	M02 DIVERTICULITIS CONTROLLED is ACCEPTABLE.
ALL	B.	M03 ESOPHAGEAL DISORDERS CONTROLLED is ACCEPTABLE. <ul style="list-style-type: none"> - esophageal stricture - lower esophageal ring - esophageal spasm
ALL	B.	M04 HEMORRHOIDS CONTROLLED are ACCEPTABLE. If not under control they are NOT ACCEPTABLE.
ALL	D.	M05 PANCREATITIS is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected.
ALL	D.	M06 GALL BLADDER DISORDERS are NOT ACCEPTABLE. Medical treatment is necessary.
ALL	D.	M07 SYMPTOMATIC ESOPHAGEAL SPASM or STRICTURE is NOT ACCEPTABLE.
ALL	B.	M08 PEPTIC ULCER DISEASE that is-asymptomatic and healed is ACCEPTABLE provided working conditions do not aggravate the conditions.
ALL	D.	M09 ACTIVE PEPTIC ULCER DISEASE is NOT ACCEPTABLE.
ALL	B.	M10 INGUINAL or UMBILICAL HERNIAS are ACCEPTABLE if not subject to incarceration and heavy lifting is not demanded for job performance. Remediation may require temporary reassignment if job requirement limits are too high.

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| ALL | D. | M11 FEMORAL HERNIAS until surgically corrected are NOT ACCEPTABLE. |
| ALL | D. | M12 MALIGNANT DISEASE of liver, gall bladder, pancreas, esophagus, stomach, small or large bowel, rectum or anus is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected. |
| ALL | D. | M13 G.I. BLEEDING is NOT ACCEPTABLE and requires immediate medical attention. |
| ALL | D. | M14 ACTIVE HEPATITIS is NOT ACCEPTABLE. |
| ALL | D. | M15 CIRRHOSIS OF THE LIVER is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected. |

Genitourinary and Reproductive System

General

The occupational significance of this area, at a general level, concerns renal failure and genitourinary dysfunction. Renal function is a central factor for maintaining body fluids. The kidneys and assorted genital organs are target organs for many occupational toxins. Any condition affecting the genito-urinary tract so that physical movement is hampered would require an individual review and/or screening.

Specific Requirements

- | Affects | Requirements | Area |
|---------|--------------|---|
| ALL | B. | M01 PREGNANCY is ACCEPTABLE. Temporary reassignment could be necessitated during the latter portion of pregnancy. |
| ALL | D. | M02 ACUTE NEPHRITIS is NOT ACCEPTABLE. |
| ALL | D. | M03 RENAL CALCULI are NOT ACCEPTABLE. |
| ALL | D. | M04 RENAL FAILURE is NOT ACCEPTABLE. |
| ALL | D. | M05 URINARY CALCULI are NOT ACCEPTABLE. |

ALL	B.	M06 ASYMPTOMATIC BENIGN PROSTATIC HYPERTROPHY is ACCEPTABLE.
ALL	D.	M07 SYMPTOMATIC PROSTATE HYPERTROPHY is NOT ACCEPTABLE.
ALL	B.	M08 HYDROCELE AND VARIOCELE are ACCEPTABLE. If physical movement capability is decreased then it would be UNACCEPTABLE.
ALL	D.	M09 MALIGNANT DISEASES OF KIDNEY, URETER, CERVIX, OVARIES, BLADDER, BREASTS or PROSTATE are NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected.
ALL	D.	M11 CHRONIC NEPHROSIS is NOT ACCEPTABLE.
ALL	D.	M12 PYELONEPHRITIS is NOT ACCEPTABLE.
ALL	D.	M13 POLYCYSTIC KIDNEY DISEASE is NOT ACCEPTABLE.

Endocrine and Metabolic Systems

General

The occupational significance of this area, at a general level, concerns any abnormal hormonal system response that may affect job performance.

Any excess or deficiency in hormonal functioning can produce metabolic disturbances affecting weight, stress adaptation, energy production, and a variety of symptoms such as elevated blood pressure, weakness, fatigue and collapse. Any condition affecting the normal hormonal responses to the maintenance of body functions would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	B.	M01 THYROID DISEASE that is treated and controlled is ACCEPTABLE provided job conditions do not affect the disorder and that job functioning is not impaired.
ALL	B.	M02 DIABETES MELLITUS that is controlled without the need for medication (glucose 150) is ACCEPTABLE.

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| ALL | D. | M03 UNCONTROLLED DIABETES MELLITUS requiring medication for control is NOT ACCEPTABLE. Ongoing evaluation would be needed to fully ascertain effect on job performance capabilities. |
| ALL | A. | M04 BODY COMPOSITION is ACCEPTABLE if the individual is at the 50th percentile (age and sex adjusted) for % body fat or at the following % fat levels (Male = 19%, Female = 22%). |
| ALL | C. | M05 BODY COMPOSITION between 25th and 50th percentile (age and sex adjusted) IS NOT ACCEPTABLE. Remedial programs can directly aid altering % body fat in these ranges. |
| ALL | D. | M06 OBESITY is NOT ACCEPTABLE as measured by body fat percentage below the 25th percentile (age and sex adjusted). Individual medical treatment is recommended. |
| ALL | D. | M07 ADRENAL DYSFUNCTION in the form of Addison's Disease or Cushing's Syndrome is NOT ACCEPTABLE. |
| ALL | D. | M08 SYMPTOMATIC HYPOGLYCEMIA is NOT ACCEPTABLE. |
| ALL | D. | M09 PITUITARY DYSFUNCTION is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected. |
| ALL | C. | M10 GLUCOSE ELEVATION beyond 120 mg/DL IS NOT ACCEPTABLE. Remediation is necessary. |

Skin and Collagen Diseases

General

The occupational significance of this area, at a general level, concerns dermatitis and topical allergies which can cause employee discomfort thus affecting job performance. This can limit the possible environments that an individual can be safely exposed to. Any condition affecting the skin and related tissue so that serious discomfort would limit working environments would require an individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	A.	M01 PSORIASIS is ACCEPTABLE.
ALL	D.	M02 PLANTAR WARTS on the feet are NOT ACCEPTABLE until corrected.
OST, PSS	D.	M03 ECZEMA AND FURUNCULOSIS CONDITIONS may NOT BE ACCEPTABLE. Individual evaluation may be necessary to ascertain any limits on job performance environments.
ALL	D.	M04 LUPUS ERYTHEMATOSUS is NOT ACCEPTABLE.
ALL	D.	M05 SEVERE CONTACT ALLERGIES may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain any limiting work environments.

Musculoskeletal System

General

The occupational significance of this area, at a general level, concerns the mobility, stability, flexibility and strength to perform physical job tasks efficiently with minimum risk of injury. Any musculoskeletal condition sufficient to limit the motion and/or forceful use of a major joint or muscle group would require the individual to undergo further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	B.	M01 DISORDERS AFFECTING THE MUSCULOSKELETAL SYSTEM are ACCEPTABLE if the individual meets the basic movement, strength, flexibility and coordinated balance requirements.
ALL	B.	M02 CERVICAL SPINE or LUMBOSACRAL FUSION IS ACCEPTABLE. If motor performance is affected they would be UNACCEPTABLE.
ALL	D.	M03 ACTIVE and SYMPTOMATIC DEGENERATIVE CERVICAL or LUMBAR DISC is NOT-ACCEPTABLE.

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| ALL | D. | M04 MAJOR EXTREMITY AMPUTATION affecting movement is NOT ACCEPTABLE. |
| ALL | D. | M05 LOSS IN MOTOR ABILITY from tendon or nerve injury may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the impact of motor loss on performing essential job tasks. |
| ALL | D. | M06 ACTIVE RHEUMATOID ARTHRITIS or ACTIVE OSTEOARTHRITIS limiting the function of a major joint may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the extent of the disorder on performing job tasks. |
| ALL | A. | M07 LOWER BACK FLEXIBILITY is ACCEPTABLE if the individual obtains the 50th percentile (age and sex adjusted) on the sit and reach test (Dillon and Wells test). |
| ALL | C. | M08 LOWER BACK FLEXIBILITY is NOT ACCEPTABLE if the individual is between the 25-50th percentile (age and sex adjusted norms) for the sit and reach test. This level of lower body flexibility can be improved with a remedial program. |
| ALL | D. | M09 LOWER BACK FLEXIBILITY is NOT ACCEPTABLE if the individual is less than the 25th percentile (age and sex adjusted norms) for the sit and reach test). Further evaluation will be required. |
| ALL | A. | M10 ABDOMINAL MUSCULAR ENDURANCE is ACCEPTABLE if the individual scores at least the 50th percentile (age and sex adjusted) on the one minute sit up test. |
| ALL | C. | M11 ABDOMINAL MUSCULAR ENDURANCE is NOT ACCEPTABLE if the individual scores less than the 50th percentile (age and sex adjusted on the one minute sit up test). The level of dynamic strength can be improved by a remedial program. |
| ALL | A. | M12 COORDINATED BALANCE is ACCEPTABLE if the individual can pass the following three items: <ul style="list-style-type: none"> - demonstrate ability to squat and rise without holding on to any object - demonstrate ability to walk on toes and heels without holding on to another object - demonstrate ability to close eyes with feet together and not lose balance. |

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| ALL | D. | M13 COORDINATED BALANCE may NOT BE ACCEPTABLE if the individual does not pass all the balance tests. Individual evaluation will be necessary to ascertain if a serious problem exists. |
| ALL | D. | M14 HERNIATED DISC is NOT ACCEPTABLE. This condition limits movement and use of physical strength. |
| ALL | D. | M15 MUSCULAR DYSTROPHY is NOT ACCEPTABLE. |
| ALL | B. | M16 SPINAL DEVIATIONS WITHOUT SEVERE SCOLIOSIS are ACCEPTABLE if mobility and weight bearing power are not affected. If physical mobility and weight bearing power are affected this deviation is UNACCEPTABLE. |

Hematopoietic and Lymphatic Systems

General

The occupational significance of this area, at a general level, concerns chronic disorders that may affect overall health in a disabling manner. The hematopoietic system can be a target organ for a variety of environmental chemical agents. Because this system is critical for metabolic activity, hematopoietic system disorders can reduce the individual's red blood cells' ability to transport oxygen. In turn, disorders in this area can lead to reduced capability to perform intense physical exertion. Any disorder that seriously affects blood characteristics of the lymphatic system would require the individual to undergo further review and/or screening.

Specific Requirements

- | Affects | Requirements | Area |
|---------|--------------|--|
| ALL | A. | M01 RED BLOOD CELL VOLUME is ACCEPTABLE if the individual's hematocrit is above 40 for a male and above 37 for a female. |
| ALL | D. | M02 ANEMIA is NOT ACCEPTABLE if the individual's hematocrit is below 40 for male and below 37 for a female. If the individual has a low hematocrit but acceptable physical performance levels on aerobic capacity and FEV ₁ without fatigue or other physical problems then the individual would be ACCEPTABLE. |
| ALL | B. | M03 SICKLE CELL TRAIT is ACCEPTABLE. |

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| ALL | D. | M04 HODGKINS DISEASE or LYMPHOSARCOMAS may NOT BE ACCEPTABLE. Individual evaluation will be needed to ascertain if the active or remission state is such that job performance capabilities may or may not be affected. |
| ALL | D. | M05 HEMOPHILIA is NOT ACCEPTABLE. Remediation and reassignment may be necessary. |
| ALL | D. | M06 SICKLE CELL DISEASE is NOT ACCEPTABLE. Individual evaluation will be necessary to ascertain if the active or remission state is such that job performance capabilities may be affected. |
| ALL | D. | M07 LEUKEMIA is GENERALLY NOT ACCEPTABLE. Depending upon the acute or chronic nature of the disease, reassignment may or may not be necessary. |

Nervous System

General

The occupational significance of this area, at a general level, concerns the functioning of the central and peripheral nervous system and the system's susceptibility to toxic materials. Adequate nervous system functioning is critical for the regulation, coordination and control of movement and bodily processes. Dysfunctions in this area can increase the probability of accidents and potential inability to perform a variety of physical tasks. Any condition affecting the nervous system that seriously impairs motor movement would require an individual to undergo further review and/or screening.

Specific Requirements

- | Affects | Requirements | Area |
|---------|--------------|--|
| ALL | D. | M01 EPILEPSY is NOT ACCEPTABLE. |
| ALL | D. | M02 CEREBRAL PALSY may NOT BE ACCEPTABLE. Individual evaluation is necessary to ascertain the extent the disorder would affect job performance capabilities. |
| ALL | D. | M03 PARKINSONISM may NOT BE ACCEPTABLE. Parkinsonism can be controlled in some cases. Individual evaluation is necessary. |

ALL	D.	M04 CEREBROVASCULAR DISEASE may NOT BE ACCEPTABLE. Individual evaluation will be necessary to ascertain if symptoms or impairments from stroke can affect job performance capabilities.
ALL	D.	M05 TREMORS are NOT ACCEPTABLE.
ALL	D.	M06 CEREBRAL ANEURYSMS are NOT ACCEPTABLE.
ALL	D.	M07 UNEXPLAINED SYNCOPE is NOT ACCEPTABLE.
ALL	D.	M08 MULTIPLE SCLEROSIS is NOT ACCEPTABLE.

Psychiatric Conditions

General

The occupational significance of this area, at a general level, concerns the presence or absence of emotional stability and mental disease. Serious mental disease can affect critical judgement and perceptive patterns necessary for law enforcement functions. Any condition that affects normal perceptual judgement and safe and acceptable behavior would render an individual UNACCEPTABLE requiring further review and/or screening.

Specific Requirements

Affects	Requirements	Area
ALL	C.	M01 DISORDERS OF BEHAVIOR are NOT ACCEPTABLE to include sociopathic, passive-aggressive, emotionally unstable, inadequate schizoid and paranoid personality traits and type disorders.
ALL	D.	M02 ANXIETY DISORDERS are NOT ACCEPTABLE to include psychotic disorders.
ALL	D.	M03 DISORDERS OF THOUGHT are NOT ACCEPTABLE to include psychotic disorders.
ALL	D.	M04 DISORDERS OF MOOD are NOT ACCEPTABLE to include manic and depressive patterns.

Other Medical/Psychiatric Conditions

Any medical and/or psychiatric condition not specifically described in the previous sections will be reviewed on a case-by-case basis.

~~As a matter of record, the Secret Service feels it is necessary~~
to make you fully aware of the duties and responsibilities, in
addition to the performance elements and standards, for the
position of Secret Service special agent.

The United States Code, Title 18, Section 3056, delegates
responsibility for the following areas to the U.S. Secret
Service:

-Protecting the life of the President and Vice President of the
United States and their immediate families, the President-elect
and Vice President-elect and their immediate families, former
Presidents and their wives, the widow of a former President
until her death or remarriage, minor children of a former
President until they reach 16 years of age, major Presidential
and Vice Presidential candidates;

-Protecting visiting heads of a foreign state or foreign
government and, at the direction of the official representa-
tives of the United States, performing special missions
abroad;

-Providing security at the White House complex, buildings which
house Presidential offices, the Vice President's residence, and
various foreign diplomatic missions in the Washington, D.C.
metropolitan area or in other areas as designated by the
President;

-Conducting investigations related to certain criminal
violations of Federal Deposit Insurance Act, the Federal Land
Bank Act, and the Government Losses in Shipment Act; and

-Detecting and arresting any person committing any offense
against the laws of the United States relating to coins,
currency, stamps, Government bonds, checks, credit/debit card
and financial fraud, computer fraud, false identification
crime, and other obligations or securities of the United
States.

All Secret Service agents, are subject to the following:

-Special agents working physical protection are required to
travel extensively throughout the U.S. and abroad. Travel is
frequently scheduled with little or no notice, based on the
needs of the Service and, in the case of protective
assignments, the protectees' travel schedule.

-Special agents are required to be proficient in the use of
various firearms to include the 12 gauge shotgun, semi
automatic pistol, and the uzi submachine gun.

-In making arrests, special agents are permitted under law to use that degree of force necessary to place a subject under their custody and control. They are subject to the Service's mandatory periodic medical examination program and are covered by the medical maintenance requirements/medical retention standards and must also undergo quarterly physical fitness testing.

-All special agents are subject to temporary assignments out of district, based on the needs of the Service. Such assignments are frequently made on short notice and are on a reoccurring, rotational basis.

-All special agents are subject to assignments which require working rotational shifts, and a great deal of overtime (administratively uncontrollable overtime, as well as scheduled overtime). Work is frequently required on an agent's days off and on holidays, as well as on personal days such as family members' birthdays and anniversaries. While attempts are made to accommodate individual needs, that is not always possible due to the critical mission of the Service.

-A condition of employment is that all special agents are subject to geographic reassignment. All agents are made aware of this requirement prior to their selection for employment with the Secret Service and, by their acceptance of the employment as an 1811, they agree to that condition.

-On a yearly basis, all employees certify to the accuracy of their position description and sign their elements and standards.

-The fully successful standard for Professional Attributes, a critical job element, requires that the employee maintain a level of physical conditioning that is consistent with the expected duties of the position, displays a sound working knowledge of all weapons and equipment and be proficient in their operation, displays an appearance and demeanor which is consistent with the position, ensures that their level of knowledge and skills are current and displays a positive attitude toward the job.

-Special agents are required to complete weapons qualification quarterly.

-The fully successful standard for Protective Duties, a critical job element, requires that agents conduct complex and difficult advance assignments and cover designated security posts. It is required that in conjunction with this critical element agents travel extensively in the United States and abroad. Travel is frequently scheduled with little or no notice, based on the needs of the Service and/or the protectee's travel schedule.

-Due to the nature of the duties and responsibilities of the special agent position, this position cannot be modified to accommodate personnel whose disabling condition physically or mentally limits his/her performance as a special agent. There are no light or limited duty positions for special agents.

The reason for administering any alternate tests must be documented in the individual's office fitness file, (administrative file number 236.040). Medical documentation should also be included. If the condition persists, it must be brought to the attention of the examining physician during the annual medical examination by the affected individual.

Stage 3 - Bi-annual Fitness Test

Tests are conducted bi-annually during the prescribed testing periods by the Fitness Coordinators. The tests include:

COMPONENT

Cardiovascular conditioning
Dynamic strength
Dynamic strength
Dynamic strength
Flexibility sit & reach

TEST

1.5 mile run*
Sit-ups
Pull-ups
Push-ups

*An alternate bike or walking test may be administered if recommended by the Reviewing Physician.

All Stage 3 testing must be administered by a certified Fitness Coordinator utilizing the protocols supplied by the UF & FTD.

Stage 4 - Individual Exercise Programs

Coordinators may recommend reasonable fitness goals for employees that are based on the results of the medical screening, bi-annual fitness testing, and current fitness training concepts.

Participants in the fitness program may consult with a fitness coordinator to provide guidance in exercise and nutrition planning for an individual's exercise program.

Allowable Fitness Activities

The Secret Service allows a maximum of three hours per week during scheduled duty time to participate in the Fitness Program. This is only applicable to those personnel who must participate in mandatory physical fitness testing (see "PARTICIPATION IN THE FITNESS PROGRAM," this section). Authorization is contingent upon the work demands of the office or division in which the individual works and is subject to the approval of the SAIC or Division Chief. Supervisors will endeavor to allow maximum participation.

Administratively Uncontrollable Overtime (AUC) may not be claimed for any fitness activities.

Only individuals who have been cleared to participate in fitness training by the Reviewing Physician may participate in the on-duty portion of the Fitness Program.

The on-duty portion of the Fitness Program is intended to provide a foundation for an individual to attain an acceptable level of health and fitness through regular exercise. It is not intended to provide the total amount of time necessary for an individual's fitness program. Ultimately, the responsibility to maintain an acceptable level of health and fitness rests with the individual.

Generally, the activity should take place within a Secret Service fitness facility or other authorized fitness facility. Activities should begin and end at the facility, but may take place outside. An example is running.

Subject to the approval of the SAIC or Division Chief, the activity may take place at a facility or location other than the office fitness facility, but should be in relative proximity to the office to minimize travel time.

The following are the only authorized activities which may take place during the on-duty portion of the Fitness Program:

- Walking
- Jogging
- Running (stationary or outdoors)
- Cycling (stationary or outdoors)
- Stair climbing (actual or machine)
- Rowing
- Rope skipping
- Aerobic dancing
- Swimming
- Indoor cross-country simulator training
- Basic weight training utilizing free weights
- Isotonic weight training utilizing exercise weight machines
- Super circuit weight training
- Calisthenics
- Isometric exercising

Individuals who are ranked FAIR or better after completion of the .5 mile run test may also be authorized to participate in the following activities during the on-duty portion of the Fitness Program:

- Racquetball (with protective eye wear)
- Squash (with protective eye wear)
- Handball (with protective eyewear)
- Singles tennis
- Boxing and judo (with proper facilities)
- Basketball

All personnel must submit a memorandum to the SAIC or Division Chief listing the exercise activities they will be performing during their on-duty exercise periods. The memorandum will remain in effect as long as the individual is assigned to the office or division. A copy of the approved memorandum should be placed in the individual's office fitness file and the employee's performance file (EPF). [See sample memorandum on the next page.]

Questions concerning allowable activities should be directed to the Fitness Coordinators or to the Fitness Program Coordinator, UF & FTD.

UNITED STATES PARK POLICE

UNITED STATES GOVERNMENT

Memorandum

U.S. CIVIL SERVICE COMMISSION

Date: February 15, 1977

Subject: Physical Qualification Standard for US Park Police

From: Raymond L. Eck, MD
Chief, Medical Division

To: Sue Scheig, Chief
Financial and Management Occupations Sections
Bureau of Policies and Standards

U.S. PARK POLICE

Based on the job-relatedness documentation forwarded to us by your office, we recommend the following as the final physical qualification standard for US Park Police positions:

General

Any physical or mental condition which would hinder full efficient performance of the duties of these positions, or which would cause the individual to be a hazard to himself, herself or to others, is disqualifying.

Vision

- Binocular vision is required and must test at least 20/40 (Snellen) without corrective lenses.
- Uncorrected distant vision must test at least ^{20/100} ~~20/60~~ (Snellen) in each eye, with correction to 20/20 (Snellen), each eye.
- Near vision, corrected or uncorrected, must be sufficient to read Jaeger Type 2 at 14 inches
- Ability to distinguish basic colors by pseudoisochromatic plate test (missing no more than four plates) is required, as are normal peripheral vision, accommodation, and depth perception

Hearing

- Without using a hearing aid, the applicant must be able to hear the whispered voice at 15 feet with each ear.
- Using an audiometer for measurement, a loss of 30 or more decibels in either ear at the 500, 1000, and 2000 level is disqualifying.

Speech

- Diseases or conditions resulting in indistinct speech are disqualifying.

Respiratory System

- Any chronic disease or condition affecting the respiratory system which would impair the full

performance of duties of the position is disqualifying; e.g., conditions which result in reduced pulmonary function, shortness of breath, or painful respiration.

Cardiovascular System

The following conditions are disqualifying:

- Organic heart disease (compensated or not).
- Hypertension with repeated readings which exceed 150 systolic and 90 diastolic without medication.
- Symptomatic peripheral vascular disease and severe varicose veins.

Gastrointestinal System

- Chronic symptomatic disease or conditions of the gastrointestinal tract are disqualifying.
- Conditions requiring special diets or medications are disqualifying.

Endocrine System

- Any history of a systemic metabolic disease, such as diabetes or gout, is disqualifying.

Genito Urinary Disorders

- Chronic, symptomatic diseases or conditions of the genito-urinary tract are disqualifying.

Extremities and Spine

- Any deformity or disease which would interfere with range of motion, or dexterity, or which is severe enough to affect adversely the full performance of position duties is disqualifying.

Hernias

- Inguinal and femoral hernias with or without the use of a truss are disqualifying. Other hernias are disqualifying if they interfere with performance of the duties of the position.

Nervous System

- Applicants must possess emotional and mental stability with no history of a basic personality disorder, psychoneurosis, or psychosis.
- A history of epilepsy or convulsive disorder is disqualifying.
- Any neurological disorder with resulting decreased neurological or muscular function is disqualifying.

Before entrance on duty, all applicants must undergo a pre-employment medical examination and be found medically suitable to perform the full duties of the position efficiently and without hazard to themselves and others. Failure to meet any of the required medical qualifications will disqualify for appointment. Applicants found to have correctable conditions may be restored to an existing list of eligibles for further consideration for appointment when the disqualifying condition is satisfactorily corrected or eliminated.

In addition, all applicants who are found medically eligible based on the results of the pre-employment medical examination will be required to undergo the "step test" as developed by the Forest Service Equipment Development Center of the Department of Agriculture. Applicants whose physical fitness rating, using the Physical Fitness Calculator, is less than fair will be removed from appointment consideration for the specific vacancy for which they were being tested. Rejected applicants will, however, be provided with a copy of the test results, a written explanation of these results, and a written explanation of their right to request retesting at such a time as they feel their physical conditioning has improved sufficiently to allow them to pass the test.

ATTACHMENT J.10

Work Force Information

1. Anticipated work force levels for fiscal years 2002-2006?

DCFD

Fiscal Year	Authorized	Funded	Sworn/Civilian
2002	1822	1822	1252/570
2003	1950	1950	1380/570
2004	1950	1950	1380/570
2005	1950	1950	1380/570
2006	1950	1950	1380/570

MPD

Fiscal Year	Authorized	Funded	Sworn/Civilian
2002	3750	3650	3750/822
2003	3800	3650	3800/822
2004	3800	3800	3800/822
2005	3800	3800	3800/822
2006	3800	3800	3800/822

USPP

Fiscal Year	Authorized	Funded	Sworn/Civilian
2002	250	250	250/0
2003	250	250	250/0
2004	250	250	250/0
2005	250	250	250/0
2006	250	250	250/0

USSS

Fiscal Year	Authorized	Funded	Sworn/Civilian
2002	479	479	479/0
2003	479	479	479/0
2004	479	479	479/0
2005	479	479	479/0
2006	479	479	479/0

ATTACHMENT J.11

Services Provided To Uniform Members by User Groups

This Chart provides a list of services currently being provided under the current contract.

Type of Service	MPD	FEMSD	USPP	USSS
Physical Examinations	X	X	X	X
Pre-Employment Physical Exams	X	X	X	X
Pre-Employment Drug Screening	X	X	X	X
Annual/Bi-annual Drug Screening	X	X	X	X
Random Drug Screening	X			
Fitness For Duty Drug Screening	X	X	X	X
Health & Wellness Including Flu Shots, Tetanus, Hepatitis B HIV	X	X	X	X
Sick Call	X	X	X	X
Urgent Care	X	X	X Members located in D.C. Only)	X (Members located in D.C. Only)
Rehabilitation Services for Return to Work	X	X	X D.C. members	X D.C. members
Psychological Counseling for Trauma	X	X	X DC members	X DC members
Emergency Room Care	X	X	X DC members	X DC members
Specialized Care Upon referral	X	X	X	X
Hospital Care	X	X	X	X
Surgery	X	X	X	X
Testimony at Retirement, Disability & Discharge Hearings	X	X	X DC members	X DC members
Case Management	X	X	X	X
Type of Service	MPD	FEMSD	USPP	USSS
Prescriptions	X	X	X	X
Scheduling	X	X	X	X
Non-POD initial	X	X	X	X

Screenings at			DC members	DC members
Sick Call				
Special Consultations	X	X	X	X
Parking	X	X	X	X

ATTACHMENT J.11.A

Services To Be Provided to Designated Civilian Employees

This chart provides a list of services that will be expanded to include civilian employees in certain categories. Wherever the asterisk appears, please note that the Vendor may be required to provide certain rehabilitation workers compensation services to civilian employees provided that the vendor is certified by the Department of Employment Services as a Workers Compensation Provider for civilian employees.

Type of Service	MPD	FEMSD	USPP	USSS
Physical Examinations			N/A	N/A
Pre-Employment Physical Exams	X	X		
Pre-Employment Drug Screening	X	X		
Annual/Bi-annual Drug Screening	X	X		
Random Drug Screening	X	X		
Fitness For Duty Drug Screening	X	X		
Health & Wellness Including Flu Shots, Tetanus, Hepatitis B HIV	X	X		
Sick Call				
Urgent Care	X	X		
Rehabilitation Services for Return to Work *				
Psychological Counseling for Trauma				
Emergency Room Care	X	X		
Specialized Care- Upon referral				
Hospital Care				
Surgery				
Testimony at Retirement, Disability & Discharge Hearings*				
Type of Service	MPD	FEMSD	USPP	USSS
Case Management				
Prescriptions				

Scheduling	X	X		
Non-POD initial Screenings at Sick Call		X		
Parking	X	X		

ATTACHMENT J.12

USE OF THE CLINIC

DCFD

Fiscal Year	Authorized Strength	Anticipated Retirements* And Separations	Anticipated Hire Rate**	# of Applicant Physical Exams.
2002	1950	340 eligible	150	150
2003	1950	340	150	150
2004	1950	340	150	150
2005	1950	340	150	150
2006	1950	340	150	150

* To get this number calculate the #s of sworn personnel who reach retirement age for each corresponding year. Include any other anticipated events. For example, if Congress passes the MPD Longevity Bill, the MPD could expect to lose as many as 400 people who have 25+ years on the force within the first year of operation of the Longevity Bill. In addition you should include those persons who are involuntarily separated through trial board and those who resign before they reach retirement age. Once you get this figure, this tells you about how many people you need to hire to maintain your authorized strength. It will also tell you about how many applicants you need to send through the medical process for clearance.

** To get this number calculate the number of new members your agency must hire in order to meet maximum strength. MPD for example has an attrition rate of 20 members per month. If MPD has a strength level of 3550 and MPD will lose about 240 sworn members each year in attrition alone. To stay at 3600 MPD has to hire at least 300 new members to meet attrition and also bring itself to its authorized strength level.

MPD

Fiscal Year	Authorized Strength	Anticipated Retirements*	Anticipated Hire Rate**	# of Applicant Physical Exams.
2002	3650	320	490	2450
2003	3800	320	490	2450
2004	3800	320	490	2450
2005	3800	320	490	2450
2006	3800	351	521	2605

ATTACHMENT J. 13

FY 2002

NUMBER OF EXAMINATIONS BY TYPE

Type of Service	MPD	FEMSD	USPP	USSS
Physical Examinations	31,100	1950	21	200
Pre-Employment Physical Exams	3000 uniform + civilian	550 uniform + civilian	45	50
Pre-Employment Drug Screening	3000	550	45	50
Annual/Bi-annual Drug Screening	3650	2400	1)	1)
Random Drug Screening	1118 uniform + civilian @ 25% of workforce	2)	2)	2)
Fitness For Duty Drug Screening	150	50	2	0
Health & Wellness Including Flu Shots, Tetanus, Hepatitis B HIV	4472	1950	100	100
Sick Call	6680 est. @ 557 sick call encounters per mo.	2400	123	465
Urgent Care	1)	1)	1)	1)
Rehab. Services for Return to Work	1200 at any given time 100 members are under care	540 at any given time 45 members are under care	20	25
Psych. Counseling For Trauma	100	100	10	10
Emergency Room Care	1)	65	1)	1)
Specialized Care Upon referral	1)	1)	1)	1)
Hospital Care	36	1)	1)	1)
Surgery	1)	1)	1)	1)
Testimony at Retirement, Disability & Discharge Hearings	90	72	5	26
Case Management	400	100	5	20
Prescriptions	10,351	700	150	799
Scheduling	16,652	X	1)	1)
Special Consultations	1)	1)	1)	1)
Parking	100	50	1)	1)

ATTACHMENT J.13, cont.

Explanation of Reference Marks:

- 1) Number or Estimate is not available.
- 2) Examination or Service is not provided for this service unit.

ATTACHMENT J. 14

FY 2003-2006

NUMBER OF EXAMINATIONS BY TYPE

Type of Service	MPD	FEMSD	USPP	USSS
Physical Examinations	31,100	1950	21	200
Pre-Employment Physical Exams	3000 uniform + civilian	550 uniform + civilian	45	50
Pre-Employment Drug Screening	3000	550	45	50
Annual/Bi-annual Drug Screening	3650	2400	1)	1)
Random Drug Screening	1118 uniform + civilian @ 25% of workforce	2)	2)	2)
Fitness For Duty Drug Screening	150	50	2	0
Health & Wellness Including Flu Shots, Tetanus, Hepatitis B HIV	4472	1950	100	100
Sick Call	6680 est. @ 557 sick call encounters per mo.	2400	123	465
Urgent Care	1)	1)	1)	1)
Rehab. Services for Return to Work	1200 at any given time 100 members are under care	540 at any given time 45 members are under care	20	25
Psych. Counseling For Trauma	1200	100	10	10
Emergency Room Care	1)	65	1)	1)
Specialized Care Upon referral	1)	1)	1)	1)
Hospital Care	36	1)	1)	1)
Surgery	1)	1)	1)	1)
Testimony at Retirement, Disability & Discharge Hearings	90	72	5	26
Case Management	400	100	5	20
Prescriptions	10,351	700	150	799
Scheduling	16,652	X	1)	1)
Non-POD initial Screenings at Sick Call	X	2000	1)	1)
Special Consultations	1)	1)	1)	1)

Parking	100	50	1)	1)
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Explanation of Reference Marks:

- 1) Number or Estimate is not available.
- 2) Examination or Service is not provided for this service unit.

ATTACHMENT J.15

**SAMPLE MEDICAL REPORT FOR THE
POLICE AND FIRE RETIREMENT AND RELIEF BOARD**

THE BOARD OF POLICE AND FIRE SURGEONS
Medical Services Division
Disability Retiree's Physicians Evaluation Form

The District of Columbia Retirement and Reform Act (Chapter 6, Section 4-627 (b) (2) requires all disability retirees under the age of 50 to undergo an annual medical examination of the disability on which the retirement was based.

SECTION I: PENSIONER TO COMPLETE:

PENSIONER NAME: _____
(Last, First, Middle Initial)
DATE: _____
SSN: _____
ADDRESS: _____
DOB: _____
TELEPHONE #: Home () _____
Cell/Pager () _____
DEPT: MPD ☐ DCFD ☐ USSS ☐ USPP ☐
DATE: Appointment to Department _____
CURRENT EMPLOYER: _____
mm/dd/yy
DATE: Retirement _____
JOB TITLE _____
ADDRESS: _____
mm/dd/yy
TELEPHONE #: _____
HOURS WORKED PER DAY: _____ DAYS WORKED PER WEEK: _____
DUTIES AND RESPONSIBILITIES: _____

PENSIONER SIGNATURE

DATE

SECTION II: PFC PROVIDER TO COMPLETE:

P: _____ PULSE: _____
DIAGNOSIS: _____
PROGNOSIS: Still experiencing _____ (symptom). The prognosis is poor. There is
possibility of recovery in the near future.

Other: _____

TREATMENT: ☐ Continue current medical regimen.

☐ Other: _____

OCCUPATIONAL LIMITATION:

☐ Unable to return to full duties.

☐ Other: _____

☐ Unable to determine at this time.

PROVIDER'S NAME

PROVIDER'S SIGNATURE

ATTACHMENT J.16

SAMPLE DAILY VISIT REPORTS

MPD Daily Visit Report for 10/22/01

Name	Status In	Status Out	Type of Visit	Visit Date	Return to Clinic	Sick Leave Date	LD Date	Return to Duty	Last FD Day	Non FD Days	Time-In	Time-Out
CSG												
	FULL	FULL	M	FOLLOW-UP	10/22/01			10/22/01		0	17:11	17:41
CSG/BSD												
	FULL	FULL	M	FOLLOW-UP	10/22/01			10/22/01		0	17:19	17:51
CSG/HSD/PRB												
	LIMITED	LIMITED	P	FOLLOW-UP	10/22/01	11/5/01	10/22/01		9/20/00	284	09:01	09:39
OCP/TSG												
	LIMITED	LIMITED	M	FOLLOW-UP	10/22/01	12/3/01	10/22/01		10/22/01	1	14:21	14:55
	LIMITED	FULL	M	FOLLOW-UP	10/22/01			10/22/01		0	14:55	15:09
	SICK	SICK	M	FOLLOW-UP	10/22/01	11/14/01	10/22/01		10/16/01	5	16:31	17:20
	LIMITED	LIMITED	M	SICK CALL	10/22/01	12/10/01	10/22/01		6/18/98	873	07:25	08:04
	LIMITED	SICK	P	FOLLOW-UP	10/22/01	11/5/01	10/22/01		6/18/98	873	09:08	12:11

Name

Status In Status Out

Type of Visit

Visit Date

Return to Clinic

Sick Leave Date

LD Date

Return to Duty

Last PD Day

Non FD Days

Time-In

Time-Out

00S/CROC/1D

LIMITED	LIMITED	M	FOLLOW-UP	10/22/01	10/29/01	10/22/01		3/3/01	166	11:00	11:32
LIMITED	LIMITED	P	FOLLOW-UP	10/22/01	11/19/01	10/22/01		2/26/98	953	13:33	14:49
SICK	SICK	M	NO SHOW	10/22/01				5/13/99	638	00:00	00:00
FULL	SICK	M	SICK CALL	10/22/01		10/22/01		10/24/01	1	07:58	08:45
FULL	FULL	M	SICK CALL	10/22/01			10/22/01		0	13:26	14:03
SICK	SICK	M	FOLLOW-UP	10/22/01		10/22/01	10/23/01		0	14:47	15:13
SICK	SICK	M	SICK CALL	10/22/01		10/22/01	10/25/01	10/20/01	1	07:25	09:18
LIMITED	LIMITED	M	SICK CALL	10/22/01	11/16/01	10/22/01		8/15/01	49	07:45	08:26

00S/CROC/3D

SICK	FULL	M	SICK CALL	10/22/01		10/22/01			0	07:06	07:34
LIMITED	SICK	M	SICK CALL	10/22/01	10/26/01	10/22/01		8/16/00	309	13:28	14:28
FULL	SICK	M	SICK CALL	10/22/01		10/22/01	10/24/01	10/21/01	1	13:05	13:45
FULL	FULL	M	FOLLOW-UP	10/22/01			10/22/01		0	11:31	12:01
SICK	SICK	M	NO SHOW	10/22/01					0	00:00	00:00
LIMITED	FULL	M	FOLLOW-UP	10/22/01	11/5/01		10/22/01		0	15:21	15:41
FULL	SICK	M	NEW INJURY	10/22/01	10/30/01	10/22/01		9/19/01	24	11:26	12:24

Mr D Sick Leave Report by District

Assignment

Rank:	First Name:	Last Name:	Status In	Status Out	Type of Visit	Visit Date	Return to Clinic	Sick Leave Date	Limited Duty Date	Return to Duty Date	Last Full Duty Day	Medical Status	Psych Status	Non Full Duty Days
CSG/BSO/CB														
SICK LEAVE														
Officer														
			LIMITED	SICK	M	10/10/2001	10/18/2001	10/10/2001			01/23/2001	SICK	FULL	190
CSG/BSO/FMD														
SICK LEAVE														
Sergeant														
			SICK	SICK	P	10/02/2001	10/23/2001	10/02/2001			03/28/2001	SICK	SICK	144
CSG/BSO/PO														
SICK LEAVE														
Officer														
			LIMITED	SICK	M	10/15/2001	12/10/2001	10/15/2001	10/16/2001		04/30/1999	SICK	FULL	642
CSG/BSO/SOMB														
SICK LEAVE														
Officer														
			SICK	SICK	P	08/03/2001	09/14/2001	08/03/2001			07/22/1999	FULL	SICK	583
SICK LEAVE														
tenant														
			SICK	SICK	P	10/05/2001	11/16/2001	10/05/2001			06/28/2001	SICK	SICK	78

IPD Limited Duty Report by District

Segment

Officer: First Name: Last Name: Status In Status Out Type of Visit Visit Date Return to Clinic Sick Leave Date Limited Duty Date Return to Duty Date Last Full Duty Day Medical Status Psych Status Non Full Duty Days

MITTED DUTY
Police Officer
SICK LIMITED M 09/14/2001 10/05/2001 09/14/2001 07/26/2000 LIMITED FULL 319

MITTED DUTY
icer
LIMITED LIMITED M 09/26/2001 10/17/2001 09/26/2001 08/03/2001 LIMITED 52

MITTED DUTY
Mentant
LIMITED LIMITED P 10/11/2001 11/01/2001 10/11/2001 09/23/2000 FULL LIMITED 276

MITTED DUTY
icer
LIMITED LIMITED M 09/11/2001 10/29/2001 09/11/2001 03/27/2001 LIMITED FULL 145

MITTED DUTY
icer
LIMITED LIMITED M 09/20/2001 10/18/2001 09/20/2001 04/11/2001 LIMITED FULL 134

MITTED DUTY
gent
LIMITED LIMITED P 10/10/2001 11/07/2001 10/10/2001 09/20/2000 LIMITED LIMITED 279

MITTED DUTY
gent
LIMITED LIMITED M 09/28/2001 10/26/2001 09/28/2001 09/22/2000 LIMITED FULL 277

MPD Report By Provider

SSN

Last Name: First Name: Last Full Duty: Non FD Days POD?: Members Status: Case manager Med Status: Med Return:

9/30/2001

17

POD

ACTIVE

Anne

SICK

11/11/2001

Notes - LV on 8/16/01

Notes -

7/6/2001

78

POD

ACTIVE

Anne

LIMITED

11/5/2001

LV 10/20 c/o right sided neck pain. Member request copy of x-ray and MRI report. Note from 10/1/01 mentions member can be progressed to LD and be assigned to duties/responsibilities that prevent the use of the right UB per in addition PT notes member shows good PT outcome. MRI from 8/01 was negative.
Per Case 9/27/01: Will be placed on LD next visit.
LV on 9/17/01 with continuous complaints of Right shoulder and base of neck pain. Decreased ROM on exam, however improved compared to previous 7/18/01 visit. Continued NSAID and PT recommended in addition to MRI done on 8/24 in which was normal.

8/30/01: Per case: Investigative process shows no evidence of fracture. 8/29/01 can't find chart

2/8/2001

184

NON

ACTIVE

Anne

LIMITED

11/5/2001

Notes -

LV 10/8 presents with bilateral shoulder pain unchanged. Prescription in chart dated 10/1 for PT x12 visits from GW doctor. No new notes from PMD or request for notes.

LV on 8/29/01 patient reports some improvement in pain. On PE, some limited ROM of left shoulder and Right shoulder with FROM without pain. Recommended Motin and continuous PT and home exercises. Need PMD notes, however not requested. Member on LD. RTC 10/8/01.

No showed on 8/1/01.

Wednesday, October 24, 2001

ATTACHMENT J.17

OFFICE SPACE REQUIREMENTS

Attachment J-17

Office Space Requirements

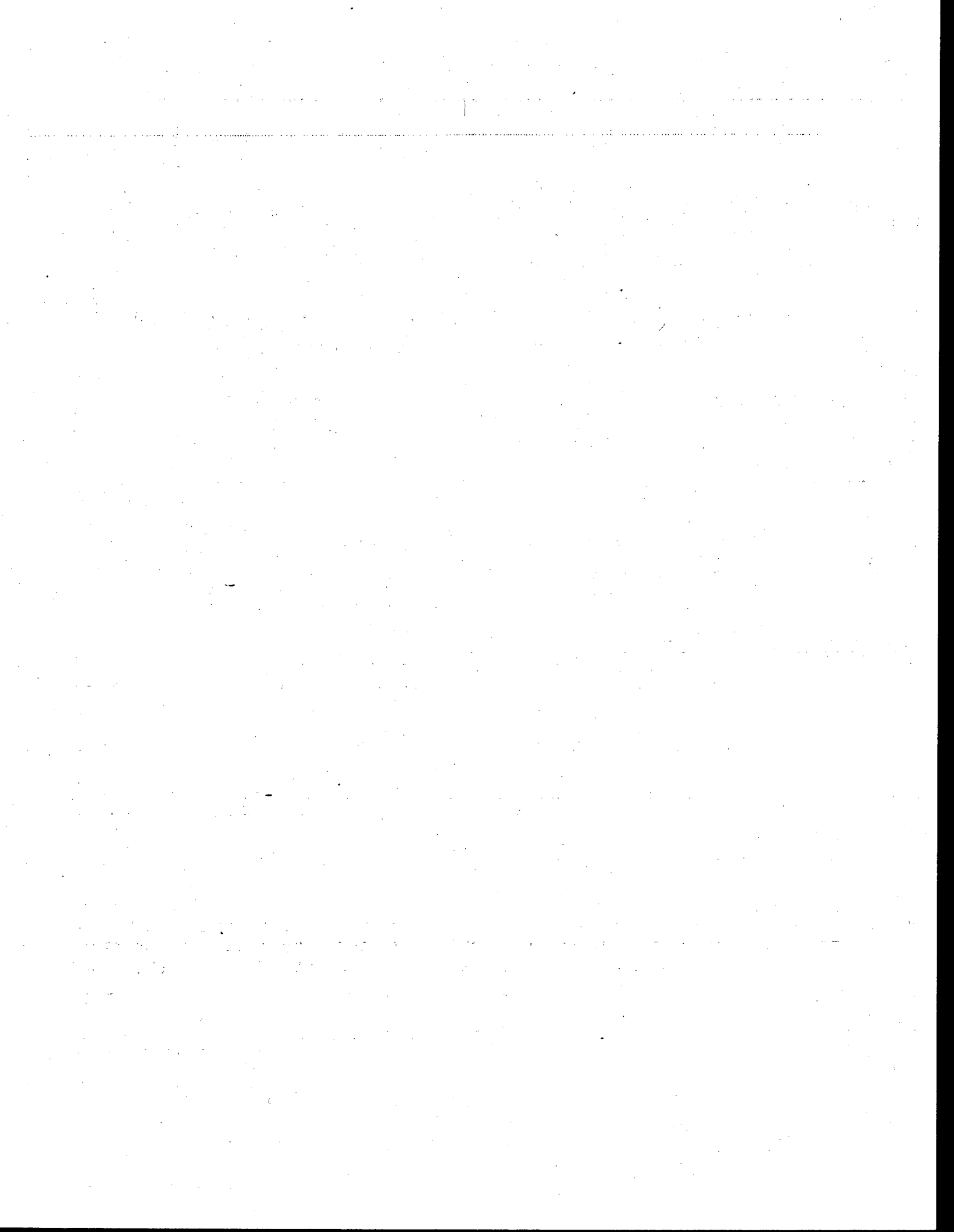
1. Office Space

- Eight (8) Enclosed Offices of at least 175 square feet
- One (1) Conference Room with seating capacity of 30 persons
- One (1) Meeting room with seating capacity of 10 people
- One (1) File Storage area of approximately 300 square feet
- One (1) Staff lounge/Eating area
- One (1) Common Reception Area of approximately 400 square feet

2. Equipment

Equipment	How Many	Does Employee Need Own	Can Share	Special Requirements
Computers	25	Yes	No	
Printers	4	No	Yes	One Dedicated Personal Printers for the Medical Directors of MPD & DCFEMS
Scanners	1	No	Yes	
Fax	4	No	Yes	Fax machines must have dedicated lines. One Dedicated Personal Fax Machine for the Medical Directors of MPD & DCFEMS
Copy Machine	2	No	Yes	Copy machines must be able to reproduce at high volumes
Phones	25	Yes	No	Each phone must have two dedicated lines.

Office Furnishings	How Many	Does Employee Need Own	Can Share	Special Requirements
Desks w/ credenzas	20	Yes	No	Furnishings can be stand-alone or modular
Chairs	20	Yes	No	
File Cabinets	20	Yes	No	
Conference Room Tables	2	No	Yes	Adequate to furnish conference room seating at least 30 people and 10 people respectively
Conference Room Chairs	50	No	Yes	Adequate to furnish conference room seating at least 30 people and 10 people respectively
Staff Lounge Table & Chairs	1 Table, 5 chairs	NO	Yes	
Refrigerator	1		Yes	For storage
Microwave	1		Yes	



ATTACHMENT J.18

**SAMPLE NEW INJURY QUESTIONNAIRES AND CASE
MANAGEMENT REPORTS**

ATTACHMENT J-18

MPDC SAMPLE ADMINISTRATIVE CASE MANAGEMENT RECORD

LAST NAME: WILLIAMS

FIRST NAME: JAMES

SSN:#####

ELEMENT: FOURTH DISTRICT

CCN:#####

LAST PD DATE:xxxxx

ENTER DATE	POB Y/N	DIAGNOSIS	DATE TOD	CURRENT/INTERIM SITUATION	RECOMMENDED ACTION
05/12/01	Yes	Strained Quadriceps Tendon in right thigh	05/16/01	Patient placed on sick leave for three days during which time he is to remain in bed and place hot and cold compresses on the affected area. Patient directed to take Ibuprofen 500mg for pain as needed.	Patient should report to the Clinic on 5/16 for re-evaluation.
5/16/01	Yes	Strained Quadriceps Tendon in right thigh	5/30/01	Patient continued to complain about soreness and stiffness in upper thigh after applying hot and cold compresses. X-rays ordered to rule out fractures or torn ligaments.	Patient is to be placed on limited duty for two weeks through evaluation of x-rays. Patient should continue to apply hot and cold compresses and report to National Rehab. Center for whirlpool three times a week. Patient should report to clinic on 5/30/01 for re-evaluation.
5/30/01	Yes	Strained Quadriceps Tendon in Right Thigh	6/01/01	Patient reports stiffness and soreness no longer problem. X-rays revealed no fractures or torn ligaments	Patient released to return to full duty on 6/1/01.

27148

New Injury

PFC ASSOCIATES, LLC 920 Varnum Street, N.E. Washington, DC 20017
POLICE AND FIRE CLINIC

DATE		TIME IN		CLINIC DATA RECORD				Locker #		TIME OUT	
SOCIAL SECURITY NUMBER				SEX		AGE		RANK		NAME (LAST FIRST MIDDLE INITIAL)	
ORGANIZATION				ASSIGNED UNIT		DETAILED UNIT		DUTY STATUS		LAST FULL DUTY DATE	
<input type="checkbox"/> - MPD <input type="checkbox"/> - USPP <input type="checkbox"/> - LABEMS <input type="checkbox"/> - FD <input type="checkbox"/> - USSS <input type="checkbox"/> - OTHER								<input type="checkbox"/> - Full <input type="checkbox"/> - Sick <input type="checkbox"/> - Limited <input type="checkbox"/> - Retired			
REASON FOR VISIT				IS THIS A NEW INJURY?		IS THIS A POD INJURY?		DATE OF INJURY		IS THIS INJURY PENDING LITIGATION?	
<input type="checkbox"/> - Sick Call <input type="checkbox"/> - Follow-up <input type="checkbox"/> - Physical <input type="checkbox"/> - Applicant <input type="checkbox"/> - Drug Screen				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO	

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

Read the following carefully before you sign. I understand that making a false statement on this form or on materials submitted with this form is punishable by civil and criminal penalties, and termination of employment with my agency pursuant to District of Columbia and/or Federal law. I understand that any information that I may give may be investigated as allowed by law. I certify that to the best of my knowledge and belief, all of my statements on this form and on the materials submitted with this form, are true, correct and complete. I hereby consent to receive treatment by the PFC Provider.

BY: SIGNATURE DATE

Are you engaged in outside employment?

☐ YES ☐ NO

If yes, state occupation

and date worked

DATE OF BIRTH

Work Phone#

Home Address

Home Phone#

BE COMPLETED BY PFC ASSOCIATES, LLC MEDICAL STAFF

REMARKS:

There are no medical reasons to prevent the member from carrying his/her weapon while on limited duty or sick leave.

The member's medical condition prevents him/her from carrying his/her weapon while on limited duty or sick leave.

PFC PROVIDER'S SIGNATURE

**** PFC USE ONLY **** DATE

RETURN TO FULL DUTY

LIMITED DUTY

SICK LEAVE

RETURN TO CLINIC

Provider to see on return visit:

FOLLOW-UP VISIT

Date of Appointment :

Time of Appointment :

Provider # :

Checked out by:

Entered into Computer :

Signature

Date

I acknowledge this follow-up visit at the Police and Fire Clinic and my duty status. I also understand that failure to appear for this appointment may result in disciplinary action.

NAME (PLEASE PRINT LAST, FIRST, MIDDLE INITIAL)		DATE	
Primary Care Physician	Follow-up Date	Referring Physician	Referring Physician's Office
Private MD	Insurance Carrier	Police	Location
Have you taken any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes			

SUBJECTIVE

MEDICAL HX: <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney Disease	Smoking <input type="checkbox"/> No <input type="checkbox"/> Yes _____ packs per day _____ Years
Liver Disease <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Other _____	Alcohol <input type="checkbox"/> No <input type="checkbox"/> Yes Drug Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes
Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes _____	♀ LNMP

OBJECTIVE

/ Pulse _____ Temp (if indicated) _____

ASSESSMENT/PLAN

Diagnosis + CPT Code:		<input type="checkbox"/> Presumed POD <input type="checkbox"/> Non-POD
Therapy-Medical:		
Therapy-Other:		
Education:		Activity:
Referrals: <input type="checkbox"/> PT <input type="checkbox"/> Consultant:		
Tests:	Radiology (wet reading):	
Anticipated # days to Limited Duty: <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-14 <input type="checkbox"/> 15-21 <input type="checkbox"/> other _____		Anticipated # days to Full Duty: <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-14 <input type="checkbox"/> 15-21 <input type="checkbox"/> other _____

PHYSICIAN: Signature _____ Printed Name _____

DISPOSITION (Specify Dates)

On Leave	Limited Duty	Full Duty	Return to Clinic
----------	--------------	-----------	------------------



[The main body of the page contains extremely faint, illegible text that appears to be a dense collection of lines or a very low-quality scan of a document. The text is scattered across the page and is not readable.]

STATE/SECURITY NUMBER	DATE	NAME (LAST, FIRST, MIDDLE INITIAL)	DATE
DEPARTMENT	TYPE OF PHYSICAL	HOME PHONE # ()	
<input type="checkbox"/> ANNUAL <input type="checkbox"/> BIENNIAL <input type="checkbox"/> PROBATIONARY	<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> PROMOTIONAL <input type="checkbox"/> APPLICANT	<input type="checkbox"/> MILITARY <input type="checkbox"/> PRE-OP	

Below This Line to Be Filled in by Clinic Personnel Only

Actual Weight	Maximum Acceptable Weight and % Body Fat	Height	Blood Pressure	Pulse	EKG NL / ABN	HEARING PASS / FAIL
BS YES NO	Urine Drug Screen Complete <input type="checkbox"/> YES <input type="checkbox"/> NO	FAR VISION (uncorrected)	Left / Right / Both /			Color NL/ABN
		FAR VISION (corrected)	Left / Right / Both /			Peripheral NL/ABN
GENERAL HEALTH		MEDICATIONS			DRUG ALLERGIES <input type="checkbox"/> NO <input type="checkbox"/> YES	
Hx					SMOKING <input type="checkbox"/> NO <input type="checkbox"/> YES _____ packs/day _____ years	
					ETOH _____	
Hx					ROS	
Occupational Injuries						

EYES nl. PERRLA, sclera, conjunctiva, EOM Abnormal (describe below)	EARS/HEARING - <input type="checkbox"/> nl. TMS, external canals, audiogram <input type="checkbox"/> Abnormal (describe below)	HEAD AND NECK <input type="checkbox"/> nl.: no skull deformities, nodes <input type="checkbox"/> Abnormal (describe below)
NOSE, OROPHARYNX, DENTAL, TRACHEA nl. nares, trachea, teeth Abnormal (describe below)	RESPIRATORY <input type="checkbox"/> nl. chest wall, auscultation; no wheezing or scars <input type="checkbox"/> Abnormal (describe below)	HEART <input type="checkbox"/> nl. rate, rhythm, S1S2; no murmurs/gallops/JVD <input type="checkbox"/> Abnormal (describe below)
NEUROLOGICAL nl. gait, sensation, motor reflexes, coordination Abnormal (describe below)	GASTROINTESTINAL <input type="checkbox"/> nl.: no liver/spleen/organ enlargement, tenderness, hernia - abdominal or inguinal <input type="checkbox"/> Abnormal (describe below)	MUSCULOSKELETAL <input type="checkbox"/> nl. insp./palp. of spine; nl. ROM of C/T/L spine; nl. other jts. <input type="checkbox"/> Abnormal (describe below)
HEMATOLOGIC nl.: no pallor, nail changes Abnormal (describe below)	SKIN <input type="checkbox"/> nl.: no scars/rashes; nl. nails, no identifying marks (e.g. tattoos) <input type="checkbox"/> Abnormal	VASCULAR <input type="checkbox"/> nl. distal pulses; no carotid bruits; <50; BP <140/90. >=50: BP <140/90* <input type="checkbox"/> Abnormal (describe below) *if SBP>= 180 or DPB>= 105 unable to work

ABNORMALITIES/RECOMMENDATIONS

Note: Applicant and Reinstatement Evaluations require formal Psychological Testing/Interview

_____	PFC Provider Signature	_____	PFC Provider Printed Name	_____	Date
Medically Qualified Pending Labs _____	Date _____	Initials _____	<input type="checkbox"/> Medically Qualified _____	Date _____	Initials _____
Medically Qualified Pending Details <input type="checkbox"/> Vision <input type="checkbox"/> EKG <input type="checkbox"/> Weight <input type="checkbox"/> Other _____				Date _____	Initials _____
Disqualified <input type="checkbox"/> Weight <input type="checkbox"/> Other _____				Date _____	Initials _____
Disqualified - information requested/not received					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
FINAL DETERMINATION		<input type="checkbox"/> QUALIFIED <input type="checkbox"/> NOT QUALIFIED			
_____	PFC Physician Signature	_____	PFC Physician Printed Name	_____	Date

PFC Associates
New Injury Questionnaire (version 102799)

Social Security Number: _____ Name: _____ Date: _____
Date of Injury: _____
Department: ☐ MPD ☐ FD ☐ EAP (EMS) ☐ USSS/UD ☐ USPP ☐ Other: _____

In order to provide us with the best possible evaluation and care, please complete the following questionnaire:

1. What area(s) of your body did you injure?
2. Select from the following list how the injury happened (indicate with an "x" after carefully reading all choices):
- | | | |
|---|---|--|
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Inhaled Dust Fumes or Gases | <input type="checkbox"/> Assault - Intentional |
| <input type="checkbox"/> Fall to Same Level | <input type="checkbox"/> Inhalation (Smoke, Chemical, etc.) | <input type="checkbox"/> Animal/Insect Involved |
| <input type="checkbox"/> Fall to Other Level | <input type="checkbox"/> Contact or exposure to Heat/Fire or Cold Objects | <input type="checkbox"/> Blood-borne Pathogen Exposure |
| <input type="checkbox"/> Struck Against (e.g. building) | <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> Other (details): _____ |

3. Where did the injury happen? (e.g. at station, during fire, during arrest, etc.): _____

Did this injury occur at work? (POD) ☐ Yes ☐ No

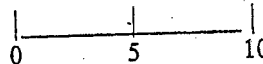
5. Have you worked since this injury? ☐ Yes ☐ No

6. If yes, what kind of work?

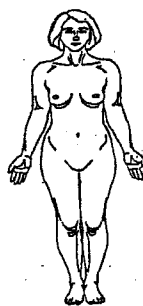
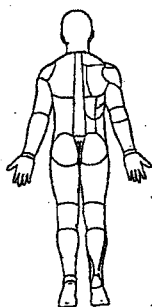
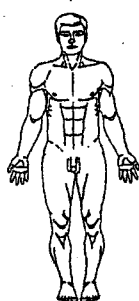
7. Last day worked on full duty: _____

8. What kind of care have you sought so far? (including private doctor, etc.) ☐ No treatment ☐ Treatment, as follows:

9. Have you had a problem like this before? ☐ Yes ☐ No If yes, when?

10. On the graph place a line which indicates your level of pain: 

11. On the picture of the body, please shade in areas that you experience pain:



12. What medications are you currently taking? (including dosage, frequency, who prescribed; including over-the-counter medications): _____

13. Is this injury pending litigation? ☐ Yes ☐ No

I have fully read, understood and completed the above form. I certify that the information I have provided is true and correct to the best of my knowledge and recollection.

Member's Printed Name

SSN: _____
DOB: _____

Washington, DC 20017

PAST MEDICAL HISTORY: Check any of the following conditions that you have now or have ever had:

HEAD Injury _____ Loss of Consciousness _____ Seizure _____ Dizziness _____ Fainting _____ Chronic Headache _____ Migraines _____	YES _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____	CARDIOVASCULAR Chest pain _____ Heart Attack _____ Palpitations _____ Irregular Heart Beat _____ High Blood Pressure _____ Stroke _____ Heart murmur _____	YES _____ _____ _____ _____ _____ _____ _____	N _____ _____ _____ _____ _____ _____ _____
EARS Injury _____ Ringing _____ Decreased Hearing _____ Hearing Loss _____ Ruptured Ear Drum _____	YES _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____	DIABETES THYROID DISORDER CANCER BLEEDING DISORDER ANEMIA	YES _____ _____ _____ _____ _____	N _____ _____ _____ _____ _____
EYES Injury _____ Double vision _____ Blurred vision _____ Glasses _____ Contacts _____ Decreased Far Vision _____ Decreased Near Vision _____ Vision in One Eye _____ Color Vision Disorder _____	YES _____ _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____ _____	PULMONARY DISORDERS Asthma _____ Shortness of Breath _____ Lung disease/(problems) _____ NOSE DISORDERS Injury _____ Chronic Nose Bleeds _____ SINUS DISORDERS Allergies _____	YES _____ _____ _____ _____ _____ _____ _____ _____	N _____ _____ _____ _____ _____ _____ _____ _____
THROAT Injury _____ Chronic Sore Throats _____ NECK Injury _____ Masses _____	YES _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____	ABDOMEN Chronic Abdominal Pain _____ Bowel Problems _____ Hepatitis _____ Hernia _____	YES _____ _____ _____ _____ _____	N _____ _____ _____ _____ _____
MUSCULOSKELETAL Joint Pain _____ Muscle Weakness _____ Arthritis _____ Back Injury or Pain _____ Back Surgery _____ Herniated disk _____	YES _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____	KIDNEY Injury _____ Bladder Disorders _____ Kidney Disorders _____	YES _____ _____ _____ _____	N _____ _____ _____ _____
FRACTURES OR INJURY Shoulder _____ Elbow _____ Wrist _____ Hand _____ Fingers _____ Hip _____ Knee _____ Ankle _____ Foot _____ Other Joint _____	YES _____ _____ _____ _____ _____ _____ _____ _____ _____	NO _____ _____ _____ _____ _____ _____ _____ _____ _____	MENTAL Memory Loss _____ Depression _____ Phobias _____ Suicidal _____ Homicidal _____ Anxiety _____ Posttraumatic Stress Disorder _____ NEUROLOGICAL Tremors _____ Numbness _____ Confusion _____	YES _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	N _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Please Turn Page over and Answer Questions

ANSWERS TO YES: EXPLAIN (including dates and treatments)

PLEASE LIST ANY

Hospitalizations, Operations, Injuries or Illness	Year

PLEASE LIST THE LAST TIME YOU HAD

Hepatitis Vaccine _____
T.B. Test _____
Tetanus Shot _____
History of Positive T.B. Test YES _____ NO _____ Treatment Dates _____

HAVE YOU HAD

Chicken Pox	YES _____	NO _____	DATE _____
Mumps	YES _____	NO _____	DATE _____
Measles	YES _____	NO _____	DATE _____

SOCIAL HISTORY

Have You Ever Smoked	YES _____	NO _____	Packs per Day _____	Years _____
Do You Drink Alcohol	YES _____	NO _____	How Much? _____	

LIST ALL MEDICATIONS

Medication	Dose	# Times per Day

DRUG ALLERGIES

I certify to the best of my knowledge that the above answers are correct and complete.

Patient Signature and Date

PLEASE LIST ANY

hospitalizations, Operations, Injuries or Illness	Year

PLEASE LIST THE LAST TIME YOU HAD

Hepatitis Vaccine _____
 T.B. Test _____
 Tetanus Shot _____
 History of Positive T.B. Test YES _____ NO _____ Treatment Dates _____

HAVE YOU HAD

Ch. Pox YES _____ NO _____ DATE _____
 Mu. YES _____ NO _____ DATE _____
 Measles YES _____ NO _____ DATE _____

SOCIAL HISTORY

Have You Ever Smoked YES _____ NO _____ Packs per Day _____ Years _____
 Do You Drink Alcohol YES _____ NO _____ How Much? _____

LIST ALL MEDICATIONS

Medication	Dose	# Times per Day

DRUG ALLERGIES

I certify to the best of my knowledge that the above answers are correct and complete.

 Patient Signature and Date

[illegible]



920 Varnum Street, NE
Washington, DC 20017
(202) 269-7400
Fax: (202) 269-7827

DISCLOSURE AND RELEASE FORM
FOR FITNESS FOR DUTY EVALUATION

Last Name: _____ First Name: _____ Initial: _____
Social Security Number: _____ Birth Date: _____
Agency Employed By: _____ Rank: _____
Contact Telephone: (Day) _____ (Night) _____

The Fitness for Duty Evaluation Process: The Medical and Psychological Fitness for Duty Evaluations are only one part of a process that your employing agency uses to determine your suitability to return to work. Agency representatives will use the data and recommendations from this evaluation together with other personnel and administrative records to determine whether you meet the standards of the Agency.

The Purpose of the Fitness for Duty Evaluation: Medical and Psychological Fitness for Duty Evaluations are used to determine if a member is medically and psychologically fit for duty. PFC uses a model which considers the agency's concerns and an individual's explanation of events in conjunction with professional medical and psychological assessment.

The Psychological Fitness for Duty Evaluation is intended to assess personality traits and characteristics (including, but not limited to, judgement, problem solving, learning, etc.), which have been judged to be essential for successful performance in the examinee's current position.

The psychological evaluation is designed to rule out the presence of job-relevant psychological problems, though it is not designed or intended to diagnose a mental disorder. The evaluation will require the administration of standardized questionnaires that ask you to answer questions which are medical in nature. You will be asked questions about: past or present psychological, psychiatric or substance abuse treatment; the use of any medications to treat medical and psychological problems; frequency of illegal drug use/abuse; frequency of alcohol use/abuse; or any other issues which the psychologist performing the evaluation believes necessary in order to determine your fitness for duty in your position with your agency.

You have the right to terminate this process at any time and to take up the issue of your fitness for duty directly with your agency.

Confidentiality: The physician and psychologist conducting the medical and psychological evaluations are paid consultants to the agency requesting the evaluation. The information and recommendations resulting from this evaluation will be shared with your employer for the purpose of the agency determining your fitness for duty. Exceptions to confidentiality may be required by law. Employee records are handled in accordance with the Comprehensive Merit Personnel Act and District Personnel Regulations.

(Please turn over)

Fitness for Duty Statement of Understanding and Legal Release:

I understand and agree to participate in this medical evaluation, urine drug screening, and psychological evaluation as part of the Fitness for Duty Evaluation process for my employment. I am aware that the purpose of this evaluation is to provide information to the agency about my suitability for working in the position for which I am employed. I understand that the psychological assessment is not intended as counseling, nor is it to obtain information for my use. I further understand that since the employing entity is the client of the Police and Fire Clinic and the National Rehabilitation Hospital, all data and the report resulting from this evaluation belongs to the agency.

Accordingly, in consideration of professional services rendered, I waive any right to receive any information directly from the physician or psychologist conducting this examination, including test results, interpretations made, and access made to the original data from which the final recommendations have been made, however, this information shall be released to the employing agency or to a qualified professional upon the written request of the employing agency. The employing agency or qualified professional may disclose this information to you through a qualified professional upon your written request.

Signature: _____ Date: _____

I understand that some or all of the information and questionnaire data I provide may be used for purposes of research concerning recruitment, selection, and long-term performance of police and public safety officers. All information used for research purposes will be kept anonymous. However, this anonymity does not extend to any admissions covered by state-mandated reporting laws.

I hereby authorize the PFC and National Rehabilitation Hospital to utilize any and all prior medical and psychological evaluations and personal history data, reports, or communications from the employing agency (the client) as part of this current evaluation. This release to utilize prior medical and psychological information during the current evaluation is valid for one year from the date signed below.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE UNTIL AFTER MEETING WITH THE APPROPRIATE PROVIDER

I have read, understand, and voluntarily agree to all conditions and terms of this release form.

I have also discussed this release with the examining psychologist and have had the opportunity to ask any questions I might have.

Signature: _____ Date: _____

I have had the opportunity to discuss this evaluation with the evaluating PFC physician.

Signature: _____ Date: _____

Fitness for Duty Statement of Understanding and Legal Release:

I understand and agree to participate in this medical evaluation, urine drug screening, and psychological evaluation as part of the Fitness for Duty Evaluation process for my employment. I am aware that the purpose of this evaluation is to provide information to the agency about my suitability for working in the position for which I am employed. I understand that the psychological assessment is not intended as counseling, nor is it to obtain information for my use. I further understand that since the employing entity is the client of the Police and Fire Clinic and the National Rehabilitation Hospital, all data and the report resulting from this evaluation belongs to the agency.

Accordingly, in consideration of professional services rendered, I waive any right to receive any information directly from the physician or psychologist conducting this examination, including test results, interpretations made, and access made to the original data from which the final recommendations have been made, however, this information shall be released to the employing agency or to a qualified professional upon the written request of the employing agency. The employing agency or qualified professional may disclose this information to you through a qualified professional upon your written request.

Signature: _____ Date: _____

I understand that some or all of the information and questionnaire data I provide may be used for purposes of research concerning recruitment, selection, and long-term performance of police and public safety officers. All information used for research purposes will be kept anonymous. However, this anonymity does not extend to any admissions covered by state-mandated reporting laws.

I hereby authorize the PFC and National Rehabilitation Hospital to utilize any and all prior medical and psychological evaluations and personal history data, reports, or communications from the employing agency (the client) as part of this current evaluation. This release to utilize prior medical and psychological information during the current evaluation is valid for one year from the date signed below.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE UNTIL AFTER MEETING WITH THE APPROPRIATE PROVIDER

I have read, understand, and voluntarily agree to all conditions and terms of this release form.

I have also discussed this release with the examining psychologist and have had the opportunity to ask any questions I might have.

Signature: _____ Date: _____

I have had the opportunity to discuss this evaluation with the evaluating PFC physician.

Signature: _____ Date: _____

POLICE AND FIRE CLINIC FITNESS FOR DUTY EVALUATION FORM 022/09R

SOCIAL SECURITY NUMBER	SEX	AGE	NAME (LAST, FIRST, MIDDLE, INITIAL)	DATE
<input type="checkbox"/> Initial Visit <input type="checkbox"/> Follow-up		ORGANIZATION <input type="checkbox"/> MPD <input type="checkbox"/> DCFD <input type="checkbox"/> EAB(EMS) <input type="checkbox"/> USSS <input type="checkbox"/> USPP <input type="checkbox"/> Other		CURRENT DUTY STATUS <input type="checkbox"/> Full <input type="checkbox"/> Sick <input type="checkbox"/> Limited

STAGE I REVIEW

Review of Supervisor Form/Question(s): ☐ Yes ☐ No

Consent Obtained: ☐ Yes ☐ No

STAGE II EVALUATION

HISTORY/INDIVIDUAL'S EXPLANATION/PAST MEDICAL HISTORY

SUMMARY OF SUPERVISOR'S COMMENTS

MENTAL STATUS

Appearance and Behavior	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Orientation (Alertx3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Inappropriate
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Content of Thought	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Hallucinations	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Mood	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Neurovegetative signs	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Suicidal Ideation	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Homicidal Ideation	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Anxiety	<input type="checkbox"/> Present	<input type="checkbox"/> Absent
Cognitive Function	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Insight/Judgement	<input type="checkbox"/> Adequate	<input type="checkbox"/> Impaired

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, MIDDLE INITIAL)	DATE
------------------------	------------------------------------	------

PSYCHOSOCIAL HISTORY INCLUDING ALCOHOL/DRUG ABUSE

CURRENT MEDICATIONS

ALLERGIES

DIRECTED PHYSICAL EXAMINATION

Result of On-Site (TRIAGE) drug testing : ☐ Negative ☐ Positive for: _____

Other Labs ordered : _____

FITNESS DETERMINATION

Fit for Duty: ☐ Full Duty ☐ Limited Duty, as follows: _____
Pay return to work: ☐ Immediately ☐ Other: _____

Date of Determination: _____
Provider Initials: _____

Deferred, pending (eg. Psychological): _____
Details of pending evaluation (Consultant name/date/time): _____

Date of Determination: _____
Provider Initials: _____

Not Fit for Duty: _____

Date of Determination: _____
Provider Initials: _____

Comments: _____

C. Physician Signature _____

PFC Physician Name _____

C. Medical Director Signature _____

PART TO BE MAINTAINED IN BEHAVIORAL HEALTH SERVICES:

Letter to be dictated to Department, using Fitness for Duty template

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, MIDDLE INITIAL)	DATE
------------------------	------------------------------------	------

PSY ~~DEAL HISTORY INCLUDING ALCOHOL/DRUG USE~~

~~CURRENT MEDICATIONS~~

~~DIRECTED PHYSICIAN EVALUATION~~

Result of On-Site (TRIAGE) drug testing : ☐ Negative ☐ Positive for: _____

Other Labs ordered : _____

Fit for Duty: <input type="checkbox"/> Full Duty <input type="checkbox"/> Limited Duty, as follows: _____ Return to work: <input type="checkbox"/> Immediately <input type="checkbox"/> Other: _____	Date of Determination: _____ Provider Initials: _____
Deferred, pending (eg. Psychological): _____ Details of pending evaluation (Consultant name/date/time): _____	Date of Determination: _____ Provider Initials: _____
Not Fit for Duty: _____	Date of Determination: _____ Provider Initials: _____

Comments:

Physician Signature	PFC Physician Name
---------------------	--------------------

Medical Director Signature

PART TO BE MAINTAINED IN BEHAVIORAL HEALTH SERVICES:
To be dictated to Department, using Fitness for Duty template

ATTACHMENT J.19

SAMPLE MONTHLY REPORTS

OCTOBER 19, 2001 STATUS REPORT ON NON-FULL DUTY MPDC MEMBERS DETAILED, ASSIGNED OR TRANSFERRED TO THE MEDICAL SERVICES DIVISION EFFECTIVE AUGUST 26, 2001

LAST NAME	FIRST NAME	DOA	UNIT	POD Y/N	INJURY	NFD DAYS	STATUS/COMMENTS
Romero	Cesar	02/02/75	MSD	Y	Shoulder Injury.	248	Advised on 9/12/2001 by Lt. Ford that the Director, Human Services ("DHS") has decided to transfer this member to the Recruiting Division. This member was assigned to the Medical Services Division ("MSD") effective 8/26/2001. He has just completed knee surgery and his prognosis for return to full duty is guarded.
HUGHES	HOWARD	04/18/83	MSD	Y	Acute Stress Disorder.	250	This member was assigned to the MSD effective 8/26/2001. Fitness for Duty ("FFD") will be completed on 10/25/2001. At 0/12/2001 appointment member refused to sign "informed consent" - the member's objection was resolved.
JORDAN	MICHAEL	05/18/75	MSD	N	Acute reaction to Stress.	503	This member was assigned to the MSD effective 8/26/2001. A disability retirement report for this member is in preparation, and will be forwarded to the Director, Human Services by the end of 10/2001.
BAKER	ANITA	07/31/78	MSD	Y	Acute Reaction to Stress and Major Depression.	710	This member was assigned to the MSD effective 8/26/2001. A disability retirement report for this member is in preparation, and will be forwarded to the Director, Human Services by the end of 10/2001.

OCTOBER 19, 2001 REPORT ON THE STATUS OF MEMBERS ON LONG TERM (>365 days) SICK LEAVE
(NFD Days = 5 days per work week as function of 5/7's calculation initiated as of the 12/3/01 report; count is as of Friday, October 19, 2001)

Last Name	First Name	DOA	Element	NFD Days	POD Y/N	Original Injury	Status/Comment
Ford	Harrison	03/28/88	CR3D	1356	Y	Neck and shoulder injury.	Retired. The Retirement Board (RB) has not issued its order.
Alexander	Jane	12/13/81	CLD	1312	Y	Back and shoulder injury.	OPR advised me on 8/24/2001 that this case should be closed by the end of the first week of 9/2001. On 6/14/01 I advised the OPR that I would proceed with preparing this case for the RB. I expect to forward the report to the Director, Human Services (DHS) by the end of 10/2001.
Davis	Mary	01/10/83	CR1D	1229	Y	Chronic neck and back pain.	The RB advised me that the decision to retire this member (non-POD) was made on 11/04/00. As of 10/11/2001 the RB's order has not been issued pending resolution of the member's challenge to the RB's non-POD decision.
Moore	Mary Tyler	07/16/89	ER6D	1187	Y	PTSD	On 8/29/00 the RB requested additional information about this member's work ability. A revised report addressing this concern was sent to the RB in 9/2000. As of 10/18/2001 the RB has not scheduled a rehearing date.
Brown	Bobby	10/14/86	NR4D	1119	Y	Back injury.	The RB has heard the case and its decision is pending.

